

POSITION	INITIALS	ID NO.	DATE
FEE DETERMINATION	DT		
O.L.P.E. CLASSIFIER	(80)	57	1-20-99
FORMALITY REVIEW	AK	70275	1-27-99

### INDEX OF CLAIMS

✓ ..... Rejected      N ..... Non-elected  
 = ..... Allowed      I ..... Interference  
 - (Through numeral)..... Canceled      A ..... Appeal  
 ÷ ..... Restricted      O ..... Objected

Claim	Date
Final Original	
1	4/24/00
2	12/8/00
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5	10/3/03
6	6/11/04
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Claim	Date
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Claim	Date
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BEST AVAILABLE COPY

If more than 150 claims or 10 actions  
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